

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-6-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The supplies and materials, group therapy, therapeutic exercises, myofascial release, joint mobilization, office visits levels III and V, ROM measurements and report from 5-16-03 through 7-24-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 6-25-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 95851 (2 units) on 5-29-03 was denied with "U693" – by clinical standard, this procedure is incidental to the related primary procedure billed." Rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the 96 MFG. Recommend reimbursement of \$72.00. (\$36.00 x 2)

Regarding CPT code 97750-MT (3 units) on date of service 7-16-03 – Neither the carrier nor the requestor provided EOB's for date of service. However, review of the reconsideration HCFA's reflected proof of billing in accordance with 133.307 (e)(2)(B). **Recommend reimbursement of \$129.00.**

The carrier denied CPT Code 99080-73 with a V for unnecessary medical treatment, however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, recommends reimbursement. Requestor submitted relevant information to support delivery of service. Per 133.106(f)(i) **recommend reimbursement of \$15.00.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;

plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 5-16-03 through 7-24-03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 29th day of December, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

August 3, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-2912-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.:

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence, office notes, daily notes, therapeutic procedures and ROM tests.

Information provided by Respondent: designated doctor exams.

Clinical History:

The records indicate the patient was injured on the job on ___, sustained a crush injury and fracture of the left thumb. He was seen in the hospital emergency room where his hand was anesthetized, the thumb was clean, and the left thumb disproportion was reattached. He returned in 2 weeks, took an x-ray, and the decision was made that there was not sufficient healing, so he was continued with dressing and mobility for an additional 2 weeks.

At the end of that period, he was reevaluated, stitches were removed, and he was released to full duty. He received no physical therapy. He was treated with antibiotics and pain medications during this treatment. He followed up 2 weeks later, was x-rayed, and it was decided the fracture was healed. He was released to full duty although he was unable to use his left thumb. He continued to have pain and decreased sensation, which necessitated him seeking care in another office. The other office did an initial evaluation and began a treatment program. The denied services are the subject of this review.

Disputed Services:

Supplies & materials, group therapy, therapeutic exercises, myofascial release, joint mobilization, office visits levels III & V, and ROM measurements and report from 05/16/03 thru 07/24/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

National treatment guidelines allow for this type of treatment for this type of injury. Since the patient had not received physical therapy or rehabilitation for his injured left thumb, he was entitled to an initial trial of care. In conjunction with the trial of care prescribed, the supplies and materials were necessary. Additional diagnostic testing in the form of range of motion testing was required in a separate and distinct evaluation when documented by report. This evaluation had its own CPT and is separate and distinct from other E&M codes. There is sufficient documentation on each denied date of service that clinically justifies all treatment that was rendered and denied. Based upon the patient's presentation, and associated depression related to the fact that the patient was unable to retain his former employment, plus his ongoing pain and restricted activities of daily living, group therapy was necessary.

In conclusion, all denied services from 5/16/03 through 7/24/03 were, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury. Although this treatment program was accomplished several months after the initial date of injury, the patient had not had sufficient treatment prior to this time period. The treating doctor provided a well-defined treatment program, goals, and appropriate documentation with regard to the treatment, diagnostic testing, and referrals of this patient. The treatment assisted this patient in his recovery to the point on October 22, 2003 when he was placed at maximum medical improvement by designated doctor evaluation and given a whole body impairment rating of 7%.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh